GSA No. 0246-EPA-OT

refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

& EPA

## Notification of PA Regulated Waste Activity United States Environmental Protection Agency

**Date Received** (For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' In the appropriate box)
A. First Notification (complete item C)  B. Subsequent Notification (complete item C)  C. Installation's EPA ID Number  C. Installation's EPA ID Number  C. Installation's EPA ID Number
II. Name of Installation (Include company and specific site name)
III. Location of Installation (Physical address not P.O. Box or Route Number)
Street
2235 QUENTOA LOBRA ESHE
Street (continued)
City or Town State ZIP Code
SAW 1718-111 CAP 2173-111
County Code County Name
073 SUN DIKTOO IIIIIIII
IV. Installation Mailing Address (See Instructions)
Street or P.O. Box
SAME
City or Town State ZIP Code
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (last) (ffrst)
Tamavo
Job Title Phone Number (area code and number)
Predident III
VI. Installation Contact Address (See Instructions)
A. Contact Address B. Street or P.O. Box
City or Town State ZIP Code
Sho Diego IIII CA GOGTZ-III
VII. Ownership (See Instructions)
A. Name of Installation's Legal Owner
Tabled Kleisbellies IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Street R.D. Roy, or Royto Number
Street, P.O. Box, or Route Number
City or Town
City or Town State ZIP Code
Sala Dilego IIII CA 92073-11

Form Approved, OMB No. 2050-0028. Exp GSA No. 0

	10 - 10 Onicial Ose Only	
VIII. Type of Regulated Waste Activity (Mark 'X' In the appropriate boxes  A. Hazardous Waste Activity	B. Used Oil Fuel Activities	
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  b. For own waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Treater, Storer, Disposer installation) Note: A perm for this activity, see instruction and Generator Marketing in the permitten of this activity, see instruction in the permitten of the	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner  b. Other Marketer  b. Other Marketer  c. Burner - indicate device(s) - Type of Combustion Device  at Furnace  at I. Utility Boiler  c. Industrial Boiler  c. Industrial Furnace  at I. Utility Boiler  c. Industrial Furnace  c. Specification Used Oil Fuel Markete (or On-site Burner) Who First Claims the Oil Meets the Specification	
IX. Description of Regulated Wastes (Use additional sheets if necessary)		
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspondence of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspondence of Nonlisted Hazardous Wastes. (See 40 CFR Parts 261.20 – 261.24)  4. Toxicity  1. Ignitable 2. Corrosive 3. Reactive Characteristic (D001) (D002) (D003) (D000) (List specific EPA hazardous wastes)  B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to be a second or seed to be a seed t	te number(s) for the Toxicity characteristic contaminant(s)) and to list more than 12 waste codes.)	
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number.  1 2 3 4	See instructions.)  5 6	
X. Certification		
I certify under penalty of law that this document and all attachments were accordance with a system designed to assure that qualified personne submitted. Based on my inquiry of the person or persons who manage the gathering the information, the information submitted is, to the best of complete. I am aware that there are significant penalties for submitting fals imprisonment for knowing violations.	I properly gather and evaluate the information system, or those persons directly responsible for my knowledge and belief, true, accurate, and	
Signature Name and Official Title (type or production Tamquo F	President Dec. 11, 1992	
WASTE OU /22R1BS CUTS = /	177 16 stincte	
Solvent per you'r	i c i b o o ausi c	
Note: Mall completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)		